



Massachusetts Department of Environmental Protection
Environmental Results Program
2005 Compliance Certification
For Photo Processors

Facility ID Number _____

Important:
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



A. Facility Information

Facility Name _____

Facility SIC Code _____

Facility ID Number _____

Facility Street Address _____

City _____

State _____

Zip Code _____

Phone Number _____

Fax Number _____

Federal Employer Identification Number – FEIN/TIN _____

Contact Person Name _____

Title _____

Telephone Number _____

Contact Email Address _____

☐ Please check box if this is a **New Facility** since last year's filing deadline of September 15.

☐ Please check box if this is a **Pre-Existing Facility** under **New Ownership**.

B. Compliance Questions

Answer all questions, unless you are directed to skip a question. Do not answer questions that you are directed to skip.

- Section I applies to all photo processors.
- **Section II has been deleted.**
- Section III applies to all photo processors that use a Publicly Owned Treatment Works (POTW) other than MWRA.
- Section IV applies to all photo processors that haul or ship hazardous photo processing wastewater to a treatment, recycling, or disposal facility.
- The Certification Statement (Part C) applies to all photo processors.

Section I: Questions For All Photo Processors

1. Do you discharge photo processing wastewater to a septic system, leachfield, or cesspool? *(Refer to Section 4.0 [4.0b] in the WORKBOOK)*
☐ yes - you must cease your discharging and submit a *Return to Compliance Plan*.
☐ no
2. Do you discharge photo processing wastewater to the ground or surface? *(Refer to Section 4.0 [4.0b] in the WORKBOOK)*
☐ yes - you must cease your discharging and submit a *Return to Compliance Plan*.
☐ no
3. Did you have any spills or releases that were required to be reported to the DEP? *(Refer to Appendix K [8.0 - 8.3] in the WORKBOOK)*
☐ yes - submit a *Spill or Release Report Summary*
☐ no



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B. Compliance Information (cont.)

Section II: Questions #4 to 6 have been deleted

Note: Photo processors discharging photo processing wastewater into a sewer in the MWRA service area do not have to submit an ERP Compliance Certification form to DEP. However; if photo processors haul / ship untreated photo processing wastewater to Treatment, Storage, Disposal facility (TSDF), then they must continue to certify to DEP. Excluded from submitting an ERP Certification are photo processors who haul / ship their silver solution from a cartridge system or their filter column from the small-scale precipitation system.

Do you haul or ship hazardous photo processing wastewater to a treatment, recycling or disposal facility.

☐ yes - skip to section IV on page 6

☐ no

Section III: Questions For Photo Processors that Use Publicly Owned Treatment Works (POTW) outside of the MWRA Service Area

7. Fill in the number of:

7a. Photo processing machines typically used at your facility.

Number of Machines

7b. Hours per typical week your facility operates these machines.

Number of Hours Per Week

8. What is the average volume discharged from your photo processing operation, including rinse water? (*Refer to Appendix L in the WORKBOOK*)

Gallons Per Day

8a. How did you determine the flow?

☐ water supply meter readings

☐ wastewater flow meter readings

☐ manufacturer's processing specifications

☐ estimated (describe method)

Describe Method

9. Are you in compliance with the 2 parts per million silver discharge limit set by DEP for photo processing wastewater? (*Refer to Section 3.0: 3.5: [3.5a, 3.5b] in the WORKBOOK*)

☐ yes

☐ no - submit a *Return to Compliance Plan*

Note: You must sample your wastewater before answering this question. Refer to section 3.5 in the Workbook)



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B. Compliance Information (cont.)

10. Do you have a permit from a local sewer authority with a silver discharge limit of 2 parts per million or less? (*Refer to Section 3.1: [3.1b] in the WORKBOOK*)

☐ yes

☐ no - skip to question 11

10a. Are you in compliance with the terms of that permit?

☐ yes

☐ no - you must meet the requirements of your local permit and submit a *Return to Compliance Plan*

10b. Fill in the permit expiration date:

MM/DD/YYYY

11. Are you in compliance with the industrial wastewater requirements defined in the workbook for the operation and maintenance of your silver recovery system? (*Refer to Section 3.4: [3.4a] in the WORKBOOK*)

☐ yes

☐ no - submit a *Return to Compliance Plan*

12. Are you subject to the requirements of the Massachusetts Board of Certified Wastewater Treatment Plant Operators? (*Answer **No** if you are using cartridge system or small scale precipitation*)

☐ yes

☐ no – skip to question 13

12a. If Yes, are you in compliance with the Board's requirements? (*Refer to Section 3.4: [3.4b] in the WORKBOOK*)

☐ yes

☐ no - submit a *Return to Compliance Plan*

13. Is your photo processing operation directly piped to the silver recovery system? (*Refer to Section 5.3 in the WORKBOOK*)

☐ yes - skip to question 14

☐ no - answer 13a & 13b

13a. Are you in compliance with the requirements for storing untreated wastewater in appropriate tanks and containers as defined in the workbook? (*Refer to Section 5.3: [5.3a - 5.3g] in the WORKBOOK*)

☐ yes

☐ no - submit a *Return to Compliance Plan*

13b. How many gallons of silver bearing wastewater did you treat through your silver recovery system? (*Refer to Appendix L in the WORKBOOK*)

Gallons Per Year



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B. Compliance Information (cont.)

14. Do you haul / ship treated photo processing wastewater to a POTW?

☐ yes

☐ no - skip to question 15

14a. If Yes, are you in compliance with the requirements for storing non-hazardous (i.e. treated) photo processing wastewater as defined in the workbook? (*Refer to Sections 5.2: [5.2a - 5.2e] & 5.4: [5.4a - 5.4g] in the WORKBOOK*)

☐ yes

☐ no - submit a *Return to Compliance Plan*

Complete a separate log for each silver recovery system. A silver recovery "system" may be composed of one or more units such as cartridge and electrolytic units used in tandem. Fill in the maintenance record that applies to the types of silver recovery system used at your facility. If the type of silver recovery system you use is not listed below, complete sections 15a, 15b, and 15c only.

15. Complete the following Maintenance and Sampling Log Summary. (*Refer to Sections 3.5, 3.6 & Appendix D in the WORKBOOK*)

15a. Total capacity of the silver recovery system:

Gallons Per Day

15b. Average daily flow:

Gallons Per Day

15c. Yearly sampling and analysis results
From: September 15, 2004
To: September 15, 2005

Sample Date

Silver Concentration

MM/DD/YYYY

mg/l (Parts Per Million)

MM/DD/YYYY

mg/l (Parts Per Million)

MM/DD/YYYY

mg/l (Parts Per Million)

MM/DD/YYYY

mg/l (Parts Per Million)

MM/DD/YYYY

mg/l (Parts Per Million)

MM/DD/YYYY

mg/l (Parts Per Million)

MM/DD/YYYY

mg/l (Parts Per Million)

MM/DD/YYYY

mg/l (Parts Per Million)

MM/DD/YYYY

mg/l (Parts Per Million)

MM/DD/YYYY

mg/l (Parts Per Million)

MM/DD/YYYY

mg/l (Parts Per Million)

MM/DD/YYYY

mg/l (Parts Per Million)

- Cartridge silver recovery systems, electrolytic silver recovery systems and small-scale precipitation systems must be sampled at least once per year.
- All other systems must be sampled monthly.



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B. Compliance Information (cont.)

15d. Maintenance record for silver recovery unit
or system for past year.

Cartridge Unit or System

Dates you replaced cartridges:

Number of Cartridges In Series _____

MM/DD/YYYY _____

MM/DD/YYYY _____

MM/DD/YYYY _____

MM/DD/YYYY _____

Electrolytic silver recovery unit

Cleaning and service dates:

MM/DD/YYYY _____

MM/DD/YYYY _____

MM/DD/YYYY _____

MM/DD/YYYY _____

Small-scale precipitation system

How many times over past year did you
change the filter cartridge?

Number of Changes _____

List the chemical names and the amounts
used for precipitation:

Chemical Name _____

Gallons Per Year _____

Chemical Name _____

Gallons Per Year _____

Chemical Name _____

Gallons Per Year _____



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B. Compliance Information (cont.)

Do you haul or ship untreated photo processing wastewater to a treatment, recycling, or disposal facility?

☐ yes - fill out Section IV below

☐ no - skip to the Certification Statement on the next page

Section IV: Questions For Photo Processors that Haul or Ship untreated Photo Processing Wastewater to a Treatment, Recycling or Disposal Facility (Do not answer this section if you ship silver solution in the cartridge system or in the filter column from the small scale precipitation only)

16. Are you in compliance with the standards for handling hazardous waste described in the workbook? (*Refer to Section 6.0: [6.1 - 6.4] in the WORKBOOK*)

☐ yes

☐ no - submit a *Return to Compliance Plan*

Workbook Appendix E contains a formula for converting pounds into gallons.

17. How much hazardous waste did you haul or ship from your facility during the previous calendar year? (*Refer to Appendix E in the WORKBOOK*)

_____ Gallons

17a. Please provide the following information describing the destination of your waste:

_____ Name

_____ Street Address

_____ City/Town

_____ State

_____ Zip Code

17b. Second destination (if applicable):

_____ Name

_____ Street Address

_____ City/Town

_____ State

_____ Zip code

18. Do you have a hazardous waste generator ID number? (*Refer to Section 6.2: [6.2a] in the WORKBOOK*)

☐ yes

☐ no - submit a *Return to Compliance Plan* and go to Section C

18a. Please provide your hazardous waste generator ID number:

_____ Hazardous Waste ID Number (12 Characters)



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C. Certification Statement

Note: Complete all required Return to Compliance Plans (RTC) and Spill or Release Report Summary forms (if any), attach to this document before signing this statement.

"I attest under the pains and penalties of perjury:

- (i) that I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this certification statement;
- (ii) that, based on my inquiry of those individuals responsible for obtaining the information, the information contained in this submittal is to the best of my knowledge, true, accurate, and complete;
- (iii) that systems to maintain compliance are in place at the facility and will be maintained for the coming year even if processes or operating procedures are changed over the course of the year; and
- (iv) that I am fully authorized to make this attestation on behalf of this facility.

I am aware that there are significant penalties including, but not limited to, possible fines and imprisonment for willfully submitting false, inaccurate, or incomplete information."

Print Name

Title

Date (MM/DD/YYYY)

Source of Signatory Authority:

If a Corporation:

- ☐ President
- ☐ Secretary
- ☐ Treasurer
- ☐ Vice President (if authorized by corporate vote)
- ☐ Representative of the above
(if authorized by corporate vote and if responsible for overall operation of the facility)

If a Partnership:

- ☐ General Partner

If a Sole Proprietorship:

- ☐ Proprietor

Signature